

Michigan Maternal-Infant Health Program

Postnatal Risk Screening: Basic/Demographic Information

SCREENING DATE			
			↓
<u>MM</u>	<u>DD</u>	<u>YY</u>	

PROVIDER ID#

1 IDENTIFICATION/DEMOGRAPHIC INFO

1.0 MOTHER'S IDENTIFICATION	
1.0A NAME	
FIRST	
MI	
LAST	
1.0B MEDICAID ID#	
1.0C SOCIAL SECURITY#	

1.1 INFANT'S IDENTIFICATION	
1.1A NAME	
FIRST	
MI	
LAST	
1.1B MEDICAID ID#	
1.1C SOCIAL SECURITY#	

1.0D What is your date of birth?	
<u>MM</u>	<u>DD</u> <u>YY</u>
REFUSED	➡ 1.1

1.1D What is your baby's date of birth?	
<u>MM</u>	<u>DD</u> <u>YY</u>
REFUSED	↓

Michigan Maternal-Infant Health Program

Postnatal Risk Screening: Basic/Demographic Information

1.2	What do you identify as your race/ethnic background? (Check all that apply)	
<input type="checkbox"/>	Asian	↓
<input type="checkbox"/>	American Indian or Alaska Native	
<input type="checkbox"/>	Black or African American	
<input type="checkbox"/>	Hispanic/Latino	
<input type="checkbox"/>	Native Hawaiian or other Pacific Islander	
<input type="checkbox"/>	White/Caucasian	
<input type="checkbox"/>	REFUSED	

1.3	How many grades of school have you completed?	
<input type="text"/>	<input type="text"/>	↓
grades completed		
<i>Junior high/middle school = 8</i>		
<i>High school diploma/GED = 12</i>		
<i>Associate's degree = 14</i>		
<input type="checkbox"/>	<i>Bachelor's degree = 16</i>	
<input type="checkbox"/>	REFUSED	

1.4	Are you currently married or unmarried?	
<input type="checkbox"/>	Married	↓
<input type="checkbox"/>	Unmarried	
<input type="checkbox"/>	REFUSED	

1.5	Do you have any other children?	
<input type="checkbox"/>	No	➡ SECTION 2 ↓
<input type="checkbox"/>	Yes	
If YES	How many?	<input type="text"/>
		<input type="text"/>
	What are their ages?	<input type="text"/>
		<input type="text"/>
		<input type="text"/>
		<input type="text"/>
		<input type="text"/>